श्री शरद पवार: महोदय, इसमें तीन बातें हैं। पहला, रिक्वायरमेंट जो है, is somewhere around 140 lakh tonnes. मेरे पास 150 लाख टन गेहूं का माल है। इस साल एक और अच्छी बात हुई कि हमारे पास जो पैडी का प्रोक्योरमेंट है, वह पिछले कई सालों में नहीं हुआ था, इतना अच्छा प्रोक्योरमेंट हुआ है। आज तक हमेशा हम पंजाब, हरियाणा और उत्तर प्रदेश से पैडी का प्रोक्योरमेंट करते थे, इस साल डीसेंट्रलाइज्ड मैनर पैडी का प्रोक्योरमेंट करने के लिए सरकार ने ज्यादा ध्यान दिया है और छत्तीसगढ़, पश्चिमी बंगाल, बिहार, असम और आन्ध्र प्रदेश - इन राज्यों ने हमें बहुत मदद की और वहां हमारे पास पैडी है। साथ-साथ कोर्स ग्रेन की प्रोक्योरमेंट हमने शुरू की। मेरे पास दस लाख टन कोर्स ग्रेन भी ज्यादा है और अगले सीजन में भी हम कोर्स ग्रेन के लिए ज्यादा पैसे देंगे और ...(व्यवधान)... परचेज करेंगे।

श्रीमती वृंदा कारत: सर, यह व्हीट का सवाल है...(व्यवधान)... सर, सिर्फ एक सवाल पूछना चाहती हूं।

श्री सभापति: एक सवाल कैसे करवाऊं? क्वेश्चन ऑवर खत्म हो गया है।

श्री शरद पवार: फूड सिक्योरिटी की समस्या आती है। व्हीट, राइस, कोर्स ग्रेन मिलाकर ...(व्यवधान)...

MR. CHAIRMAN: Question Hour is over.

WRITTEN ANSWERS TO STARRED QUESTIONS

Frame work for implementation of NRHM

†*505. SHRI BHAGWATI SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the features of the National Rural Health Mission and framework for implementation of this scheme;

(b) the details of allocation of 8,207 crore rupees given in the budget for this year 2006-07 item-wise;

(c) the details of role and training of the workers 'Asha';

(d) whether Government think that this programme would take us to success in achieving the target of health for all; and

(e) if so, the details of the strategy to be adopted to achieve the same?

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†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) The National Rural Health Mission (NRHM) aims at providing accessible, affordable, accountable, and quality primary health care to the population, especially, to the poor and vulnerable sections. The NRHM seeks to reduce the Infant Mortality rate (IMR) to under 30 (per 1000 live births), Maternal Mortality rate (MMR) to under 100 (per 100,000 live births) and Total fertility rate (TFR) to under 2.1.

The NRHM also aims at bridging the gap in rural health care services through creation of a cadre of Accredited Social Health Activists (ASHA) with improved hospital care and referral linkages, strengthening the public health delivery system, providing adequate manpower and decentralization of programmes. The NRHM further aims to provide overarching umbrella to the existing programmes of Health and Family Welfare including RCG-II, Malaria, Blindness, Iodine deficiency, Filaria, Kala Azar, T.B., Leprosy and Integrated Disease Surveillance. Further, it addresses the issue of health in the context of sector-wide approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector Departments.

The Mission further seeks to build greater ownership of the programme among the community through involvement of Panchayati Raj Institutions, NGOs and other stake holders at National, State, District and Sub-District levels to achieve the goals of National Population Policy, 2000, and National Health Policy and the outcomes mentioned in para one above. A detailed Implementation Framework has been prepared to operationalise these strategies of the Mission. It is expected that through these interventions, the Mission would be able to achieve its states goals.

The Mission articulates the vision of the Government to increase the expenditure in health sector from the current level of 0.9% of GDP to 2-3% of GDP over the next five years, with main focus on Primary Health Care. For the year 2006-07, an amount of Rs. 8,207 crore has been allocated under the Mission. The item-wise allocation of Rs. 8,207 crore rupees given in the budget for this year 2006-07 is at statement (*see* below).

The Mission aims at providing a trained women volunteer called Accredited Social Health Activist (ASHA) for every 1,000 population in the ten high focus states. The ASHA is to be selected through a community based process and accountable to the community and to receive only

performance based incentive for promoting community level services such as Universal Immunization, referral and escort services for reproductive and child health and other healthcare programmes and promotion of household toilets. She will also be trained to utilize a drug kit, and would be the first port of call for any health related demands of the deprived sections of the population, especially women and children. The ASHA and the Anganwadi Worker, under the guidance of the ANM and the Village Health & Sanitation Committee are to mobilize and educate the community on preventive and promotive healthcare including initiatives for collateral determinants of health such as nutrition, basic sanitation and hygienic practices.

Statement

Item-wise break-up of Rs. 8207 crores for 2006-07

(Rs. in crores)

Sl. No.	Name of Scheme	Outlay 2006-07	NE	Other than NE	Non-Plan	Total
1	2	3	4	5	6	7
A. FAMILY WELFARE						
(a)	CENTRALLY SPONSORED SCHEMES	7979.95	809.02	7170.93	26.96	7197.89
1	Direction & Administration	249.45	18.17	231.28	5.11	236.39
2	Rural FW Services (Sub-Centres)	1556.68	62.12	1494.56		1494.56
3	Urban FW Services	125.00	2.50	122.50		122.50
4	Grants to State Training Institutions	91.15	8.64	82.51	19.22	101.73
5	Free distribution of contraceptives	100.00	4.50	95.50		95.50
6	Sterilization (Beds)	2.02	0.02	2.00		2.00
7	Family Welfare Linked Health Insurance Plan	10.00	1.00	9.00		9.00
8	Procurement of Supplies & Materials	250.00	25.00	225.00		225.00
9	Routine Immunisation	345.00	18.50	326.50		326.50
10	Pulse Polio Immunisation	1049.00	45.00	1004.00		1004.00
11	IEC (Inf., Edu. and Communication)	130.10	5.80	124.30	2.63	126.93
12	Training	7.38		7.38		7.38
13	Area Projects	215.27	9.70	205.57	0.00	205.57
	(a) IPP Projects	12.50		12.50		12.50
	(b) USAID assisted Projects	50.00		50.00		50.00
	(c) EC assisted SIP Project	152.77	9.70	143.07		143.07

1	2	3	4	5	6	7
14	Flexible Pool for State PIPs	3648.90	588.07	3060.83	0.00	3060.83
	(i) *RCH Flexible Pool*	*1705.72*	*175.77*	*1529.95*		*1229.95*
	(ii) Mission Flexible Pool	1943.18	412.30	1530.88		1530.88
15	Condoms for NACO	200.00	20.00	180.00		180.00
(b)	CENTRAL SECTOR SCHEMES	197.05	8.68	188.37		188.37
	TOTAL-FW	**8177.00**	**817.70**	**7359.30**	**26.96**	**7386.26**
B.	**HEALTH (Disease Control Programmes)**					
1	National Vector Borne Disease Control Programme	371.58	32.83	338.75	6.47	345.22
2	National Leprosy Eradication Programme	42.25	4.00	38.25		38.25
3	National Tuberculosis Control Programme	202.17	18.00	184.17		184.17
4	National Blindness Control Programme	90.00	9.00	81.00		81.00
5	National Iodine Deficiency Disorders Control Programme	15.00	1.00	14.00		14.00
6	Integrated Disease Surveillance Programme	102.00	9.00	93.00		93.00
	TOTAL — Health Schemes	**823.00**	**73.83**	**749.17**	**6.47**	**755.64**
C.	**AYUSH**					
1	CSS on Hospitals & Dispensaries	65.00		65.00		65.00
	TOTAL - Ayush Scheme	65.00	0.00	65.00	0.00	65.00
	GRAND TOTAL	**9065.00**	**891.53**	**8173.47**	**33.43**	**8206.90**

Assistance for oil palm development in Karnataka

*507. SHRIMATI PREMA CARIAPPA: Will the Minister of AGRICULTURE be pleased to state:

(a) whether Government have released the amount for oil palm development during 2005 and 2006 for Karnataka;

(b) if so, the details of share of Central and State Government; and

(c) the details of total amount released till today?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) and (b) The Central Government released an amount of Rs. 1800.00 lakhs as